

Day: Wednesday

Date: 1-22-25

Time: 5-9pm

THE LOBBY

CLUB

INTERNAL USE:

Payment Date: _____

CK: _____ CC: _____

Entered: _____

Event/Fundraiser Agreement

Member First Name: _____ Last Name: _____ Member #: _____

Company/Organization Name: *(if applicable)* CURE

Contact First Name: Kelli Last Name: *(if different than member)* Rosado

Contact Phone: _____ Mobile: _____ Contact Email: _____

EVENT INFORMATION:

Event Name: CURE Holiday Party

Event Day: Wednesday Event Date: 1-22-25 Event Time: 5-9pm

Anticipated Number of Attendees: 90

Room Reserved: *(check all that apply)* Byrne Room Main Dining Room Bar A/V Required: Yes No

Room Setup: karaoke set up upstairs Trivia at Bar

Additional Details: Buffet in side Byrne Room

FOOD & BEVERAGE:

F&B Required: Yes No Menu/Price per Person \$58/pp

Menu Attached Deluxe Buffet Package + Consumption Bar bill added to check

Special Requests: Soda/Juice/Coffee included

Additional Details: _____

PRICING:

Room/Setup Fee: \$ _____

Deposit: \$ _____ Date: _____

Food + Beverage Fee: \$ 5220.00

Balance Due: \$ _____ Date: _____

Subtotal: \$ 5220.00

Tax: \$ 345.83

Gratuity: \$ 1044.00

Total: \$ 6609.83

TERMS & CONDITIONS:

Booking & Guest Count:

- Events must be booked a minimum 10 days in advance, including menu and planned attendance.
- Final guaranteed guest count required 7 days in advance.

Payments:

- Deposit of \$500 is due at time of booking.
- Final/balance payment is due 7 days prior to event.
- Additional guests will be charged the day/night of event.

Cancellation Policy:

- If canceled more than 72 hours prior to event — 50% refund. The 50% cancellation penalty may be applied to a future event if rebooked within 48 hours of cancellation.
- If canceled within 72 hours — no refund.

All food and beverage must remain on premise. No take outs allowed.

For buffets, food will be replenished for a maximum of 2 hours.

APPROVAL:

Client Signature: _____ Date: _____

TLC/Apex Signature: _____ Date: _____